

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097762243	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51	/	
2		/					52	/	
3		/					53	/	
4		/					54		
5		/					55		
6		/					56		
7		/					57		
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41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50	/						100		
TOTAL IND.							TOTAL IND.	8	
TOTAL DEP.							TOTAL DEP.	45	
TOTAL CLAIMS							TOTAL CLAIMS	53	